

WHAT RESULT DO WE WANT?

All people in North Carolina live in communities that foster and support positive mental health.

WHY IS THIS IMPORTANT?

Suicide rates increased 30% between 2000-2018 and declined in 2019 and 2020. Suicide is a leading cause of death in the United States, with 45,979 deaths in 2020. This is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide. In 2020, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 25-34.^{1,2}

HNC 2030 HEADLINE INDICATOR:

**Suicide rate per
100,000 people**
(Age-adjusted number of
deaths attributable to
self-harm per 100,000)

WHAT DOES THIS INDICATOR MEASURE?

N.C. Vital Records receives and files death certificates. The State Center for Health Statistics compiles, cleans, and publishes the death data. Finalized death data is only available 9-18 months after a year has ended. Accuracy of the underlying cause of death depends, to some extent, on the person making the determination and filing the death certificate.

The U.S. Census Bureau conducts decennial population census of the country, as well as yearly bridged population updates that estimate yearly population changes.

BASELINE DATA FROM HNC 2030**HOW ARE WE DOING?**

- Deaths from self-harm are highest among White/Caucasians.
- Suicide rate is approximately two-and-a half times higher in males than females.

CURRENT DATA TRENDED OVER TIME

Figure 78. Suicide rate in North Carolina (2010 - 2020)

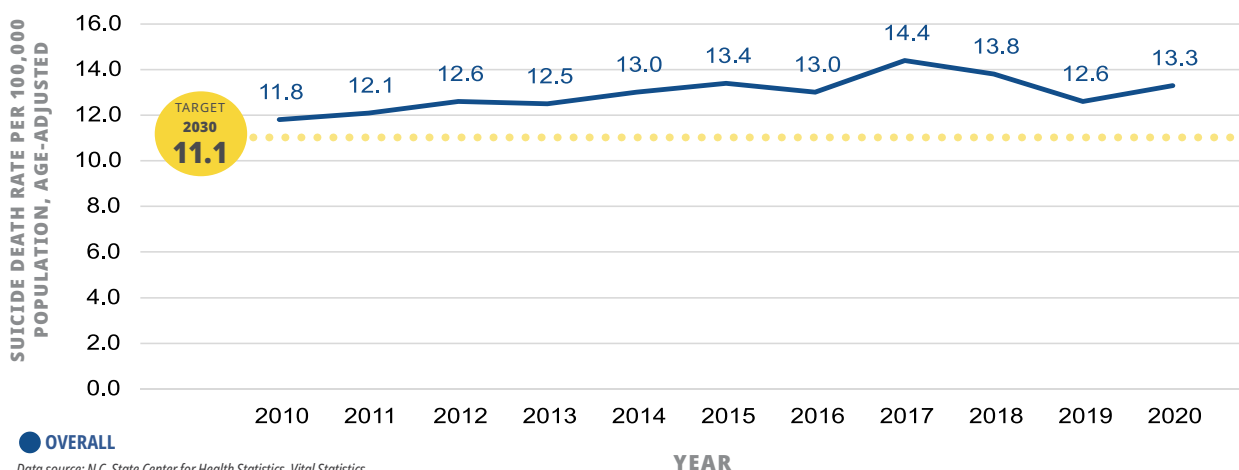


Figure 79. Suicide rate in North Carolina by race/ethnicity (2010 - 2020)

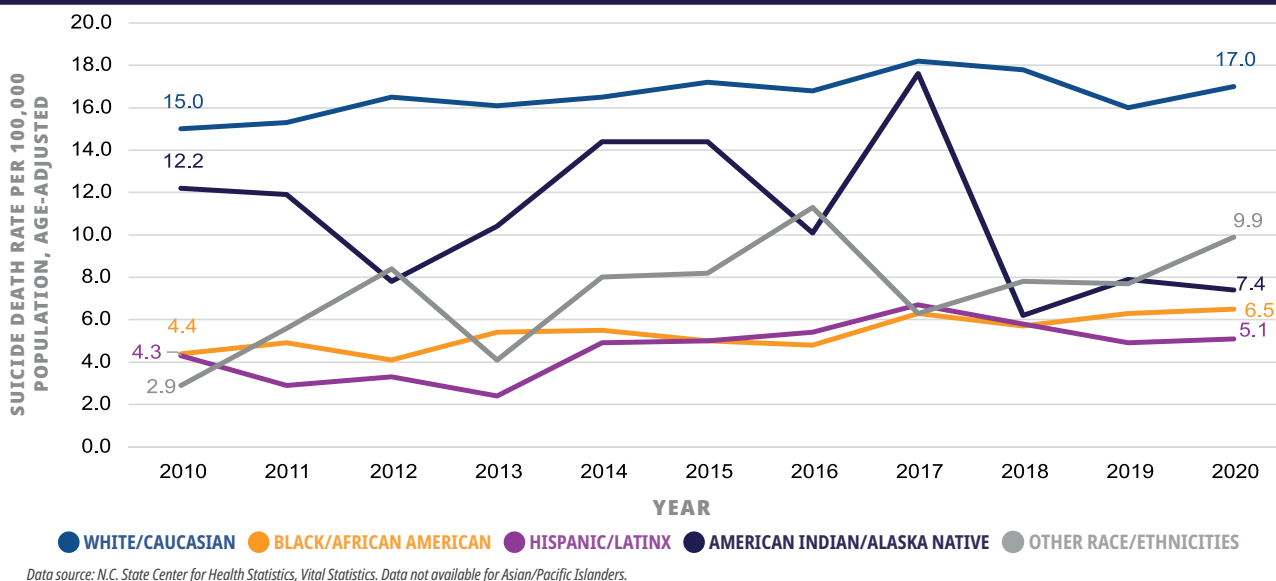
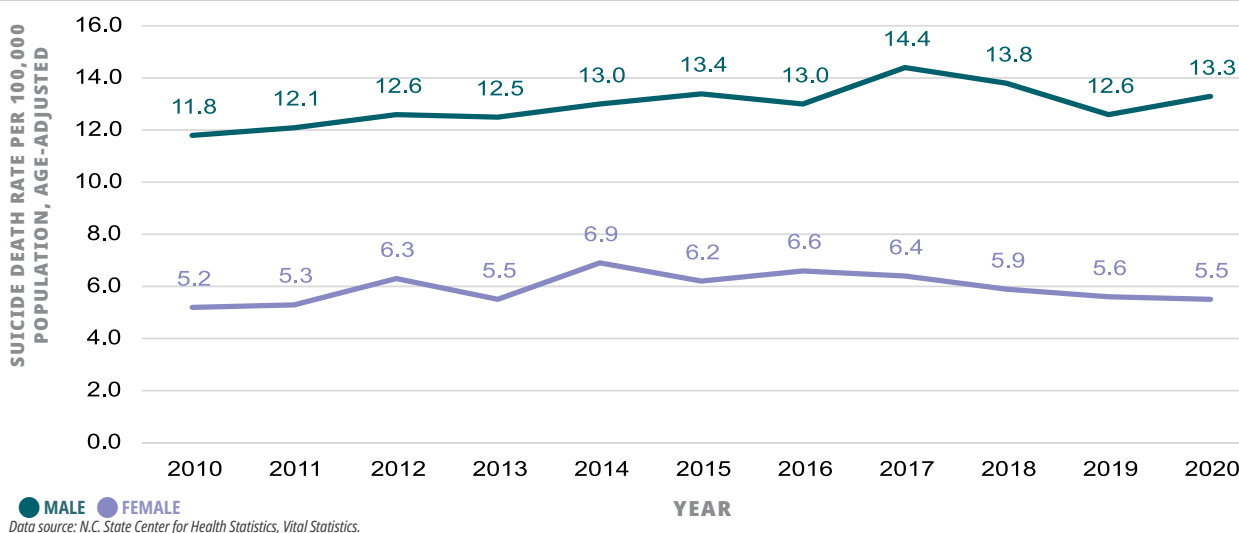


Figure 80. Suicide rate in North Carolina by gender (2010 - 2020)



THE STORY BEHIND THE CURVE

Some groups have higher suicide rates than others. Suicide rates vary by race/ethnicity, age, and other factors, such as where someone lives. By race/ethnicity, the groups with the highest rates were non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Other Americans with higher than average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and construction. Young people who identify as lesbian, gay, or bisexual have higher rates of suicidal thoughts and behavior compared to their peers who identify as heterosexual.^{3,4,5}

WHAT OTHER DATA DO WE NEED?

- Undiagnosed, untreated, mental health needs
- Occupations associated with higher risks of suicide
- Suicide ideation/attempts
- Coding proficiency among physicians, funeral home directors, medical examiners, and coroners
- Self-harm data
- Effectiveness of crisis response

WHAT COULD WORK TO TURN THE CURVE?

- Create safety nets for people that are unemployed or laid off from work
- Create trauma-informed schools with access to mental health providers
- Expand access to telemental health service
- Expand Medicaid eligibility criteria to increase access to mental health services
- Expand rapid access to crisis services, including implementing the national 988 number
- Implement policies targeted to decrease access to lethal means
- Improve access to maternal mental health services
- Improve access to social services and other supports
- Increase programs that provide mental health services and support for LGBTQ youth
- Increase programs that provide mental health services and support for military veterans
- Increase the use of universal screenings for perinatal mood/anxiety disorder
- Support the integration of physical and mental health

RECOMMENDED READING/LISTENING

2015 North Carolina Suicide Prevention Plan.

<https://injuryfreenc.dph.ncdhhs.gov/preventionResources/docs/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf>

Preventing Suicide: A Technical Package of Policy, Programs, and Practices.

<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

NC PARTNERS WHO CAN HELP US

PARTNER/POTENTIAL PARTNER	WEBSITE LINK
American Foundation for Suicide Prevention- North Carolina Chapter	https://afsp.org/chapter/north-carolina
Carolinas CARE Partnership	https://www.carolinascare.org/what-we-do/mental-health/
Faith Connections on Mental Illness	https://www.faithconnectionsonmentalillness.org/
National Alliance on Mental Illness - North Carolina Chapter	https://naminc.org/
North Carolina Area Health Education Centers (NC AHEC)	https://www.ncahec.net/healthy-north-carolina-2030/
North Carolina Governor's Challenge to Prevent Suicide	https://challenge.ncgwg.org/
UCLA-Duke Center for Trauma-Informed Suicide, Self-Harm & Substance Abuse Treatment & Prevention ASAP Center	https://asapnctsn.org/



STATE HEALTH IMPROVEMENT PLAN

HNC 2030 Indicators

HEALTH OUTCOMES

Infant Mortality.....	112-115
Life Expectancy.....	116-119